PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated Meeting, April 25, 1892.

Dr. Charles K. Mills, in the Chair.

Dr. John K. Mitchell and Dr. G. E. de Schweinitz presented a paper entitled

"SOME CASES OF HYSTERIA WITH A STUDY OF THE DISTURBANCES OF GENERAL AND SPECIAL SENSATION."

They drew the following conclusions:

1. Achromatopsia, as we have already stated in a paper entitled, "Hysterical Anæsthesia with a Study of the Fields of Vision" (The American Journal of the Medical Sciences, November, 1889) apparently is not present in the American cases, certainly not as it has been described by Galezowski and other French observers.

2. Reversal of the normal sequence of the colors, so that red is the largest field, usually is present when there is anæsthesia; but disturbance of the color-sense and anæsthesia do not necessarily belong to each other, because we have examined at least two cases of universal anæsthesia without change in the color fields.

3. The green field, relatively at least, is more often and more decidedly contracted than the other color fields.

4. In the difficult distinction between certain types of neurasthenia and hysteria, the presence of disturbance in the color-sense, and especially the reversal of the sequence of the colors, is of diagnostic import, and yet its absence is of little meaning, because we have not found it in many typical cases of hysteria.

5. It is possible that in the rare cases of hysterical hemi-hyperæsthesia it will be found that the colors are more acutely appreciated than is normal, and that the color fields are correspondingly enlarged.

6. The violence of hysterical manifestations bears no relation to the disturbance of the color-sense or the color fields.

7. The following changes, so far as the field of vision is concerned, are likely to be present in cases of hysteria:

(a) Simple contraction of the color fields with unaffected form fields.

(b) Contraction of both form and color fields, the green field being relatively more contracted than the other color fields.

(c) Partial or complete reversal of the normal sequence in which the colors are appreciated, most commonly that variety in which the red field is greater in extent than the other fields. Under these circumstances the color fields may be normal in extent, sometimes even greater than is normal, or there may be an associated contraction of the color fields.

(d) Unusual obscurations of portions of the fields of vision, for example, in the form of a hemianopsia, or greater contraction of the fields on one side than on the other, the greater contraction usually being found on the same side with the anæsthesia.

8. A further study in the relation of the changes of sensibility to changes in the color fields will be the subject of a future communication.

DISCUSSION.

Dr. JOHN K. MITCHELL.—It perhaps may be worth while to mention that in the most pronounced cases of hysteria reported here, there is no alteration of the visual fields with the exception of some slight contraction. This is the girl from Pottsville who first came under observation in 1883 with a hysterical knee, and subsequently went into a trance state which continued for four months. This case has continued nearly ten years, and during this time she has not been free from hysterical manifestations, and yet there is little change in the fields of vision.

Dr. JOSEPH LEIDY, JR.—I would ask whether these variations in the ocular fields are found during the course of other diseases which do not present gross retinal changes. The members may have seen in the International Clinics the report of a case of malarial paralysis which was in the Pennsylvania Hospital under the care of Dr. Da Costa. That man presented during the treatment hemianopsia of the bi-temporal variety. The condition was so unusual that the patient was of course carefully examined. The malarial organisms of Laveran were found in the blood. Under treatment with quinine the hemianopsia disappeared nari passu with the disappearance of the malarial changes. In taking that man's fields for color, I found that the red was much the largest. It may be that this was a case of hysterical hemianopsia, for the fundus presented nothing abnormal which suggested organic disease.

Dr. GUY HINSDALE.—I would ask Dr. de Schweinitz whether or not from his studies in hysterical ophthalmoscopy, he can state what percentage of hysterical cases will show this reversal of the red and green fields?

Dr. DE SCHWEINITZ.—In reply to Dr. Leidy I would say that the changes which are found in the fields of vision in hysterical patients are often similar to those which occur with organic disease, just as in other respects hysteria in its various manifestations, mimics the symptoms of constitutional maladies. In all forms of optic nerve atrophy, and in various diseases with insufficiency of retinal perception, there are changes both in the form and color fields, usually in the form of concentric contraction. In optic nerve atrophy the perception of red and green is the first to be lost—generally green first, and then red. If the observations reported to-night are to be taken as samples of those which occur in general in hysteria, the reverse is true, so far as red is concerned, because it is probably the last of the colors to lose its power to make an impression, although green, as has been pointed out, relatively at least, presents the most contracted field. The mere crossing of the color lines would not be a safe symptom on which to base a diagnosis of hysteria. It is also seen in various forms of optic nerve atrophy, and sometimes in normal individuals. No doubt charts like these might be obtained as the result of imperfect examination. When, however, the eye-grounds being normal there is an absence of symptoms pointing to organic disease, and there is a persistent reversal in the normal sequence in which the colors are appreciated, so that the red field is larger than the blue field, and this condition obtains after repeated examinations, it is a circumstance very suggestive of hysteria. Certainly, if we may judge from one or two of our cases, its presence is of diagnostic import, even if, as we carefully point out in our conclusions, its absence is of little moment, because we have not been able to find it in many typical cases of hysteria. In a given case of hysteria one cannot foretell what the color field will be, any more than it is possible to prophesy what will be the next hysterical manifestation. In two of the most violent cases which we have described, one lasting ten years and another of violent convulsive type, probably implanted upon an organic lesion, the changes in the color fields were the least marked of any of these reported. In regard to Dr. Leidy's case of hemianopsia, I would say that there have been reported a few cases of bi-temporal hemianopsia due to malaria; one by Drs. Harlan and Leidy, and another by a German observer. No doubt malaria is capable of producing hemianopsia. The fact, however, that the red field in Dr. Leidy's case occupied the greatest extent, seems to me to be a suspicious sign, although I can see no reason why there might not be a combination of malaria and hysteria. We have not found a single case of true achromatopsia, as has been recorded in France, provided we omit certain cases of ordinary hysterical amblyopia, which are not uncommon; but in other respects our observations are closely in accord with those which have been made in Charcot's wards in Paris. I am unable to answer Dr. Hinsdale's question in reference to the percentage of cases in which these changes are found, for the simple reason, as has before been pointed out, that it is impossible to predict what relation the hysterical manifestation will have to the character of the color field and the sequence in which the colors are appreciated.

Adjourned.